have removed the objectivity of the profession and are eroding the adequacy, safety, and social values of health services.[3]

The difficulty in seeing a doctor and high cost of getting a diagnosis and treatment is prevalent in China. The primary cause of this problem is the policy of turning the sacred cause of curing the sick and saving the dying into a commercial competition.[4] At the same time, the government diverts public attention by suggesting that the scarcity and high cost of medical attention is a reflection of a decrease in social morality on the part of the medical profession. Thus in the eyes of many ordinary Chinese people, the term "doctor" is likely to be linked with "grey income", "prescription abuse", "excessive examination", or even "medical accidents".

The government should increase financial investment in health care, appropriately raise the price of quality health services, give true expression to the value of medical workers by giving them rewards that are appropriate to their work, and encourage objective social opinions. Fortunately, there is hope. Such options have been considered in the report to the 17th National Congress of the Communist Party of China, delivered by General Secretary Hu Jin Tao. We are anxious to witness a leap forward in the health-care reform in China in the days to come.

We declare that we have no conflict of interest.

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Low wages and brain drain: an alert from Peru

David McCoy and colleagues,[1] and the related Comment,[2] show the diversity of factors related to low wages of sub-Saharan health professionals. In Peru, physicians' salaries have decreased to a quarter of 1976 salary levels, from S/.7974 to S/.1919 in 2004, adjusted for 2001 Peruvian nuevos soles.[3] Physicians end up having two or more jobs to secure a decent income.[4]

A survey of 202 interns from Universidad Nacional Mayor de San Marcos in Lima, between September and December, 2007, showed that 106 (53%) had a salary expectation of more than S/.8000 (US$2600). Yet an average doctor's salary in Lima is S/.1930 ($670).[5] 77 (38%) of those interviewed were considering migrating to a developed country to practise medicine. Factors associated with the desire to migrate were increased income expectation, having first-degree relatives in the profession, and having presented a research project at a medical students' congress.

These results are worrying. First, economic expectations of graduates are way below what the Peruvian market can offer them. Second, more than a third of students plan to migrate to a developed country, which is a serious concern if we consider that they were trained at Peru's largest public medical school. Additionally, the fact that having physician relatives was associated with an emigration perspective suggests either that those students are aware of better professional development opportunities abroad, or that there is a current dissatisfaction with medical practice in Peru.

We share McCoy and colleagues' view that government policies to improve medical salaries are needed. Considering that Peru is the country with the lowest public expenditure on health in the Latin-American region, these policies are nothing but urgent.

This letter is the opinion of the authors and does not necessarily reflect the opinions of their institutions. We declare that we have no conflict of interest.

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Zambia's health-worker crisis

In the World Report by Joseph Schatz (Feb 23, p 638)[1] the numbers of doctors and nurses are inaccurate. The correct figures are 706 doctors and 8859 nurses.[2] No mention is made of clinical officers (medical assistants) who number 1183.[2]

The article is based on information from the Ministry of Health strategic plan of 2006–10.[3] Schatz draws attention to the problems identified in the document and leaves out the solutions suggested. Some of these solutions have been implemented, such as an increase in the proportion of gross domestic product (GDP) spent on health in the national budget from 9% in 2004